

<b>Case Number:</b>	CM14-0181549		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44 years old male with an injury date on 03/14/2013. Based on the 10/01/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar disc disease 2. Lumbar radiculopathy 3. Lumbar facet syndrome According to this report, the patient complains of "pain in the low back, which he rates on a pain scale at 5 out of 10. He has stabbing and burning symptoms in the center and then spreads to the bilateral sides of the lumbar spine after a nerve test. The ache from the right lumbar spine radiates down to the right leg all the toes at times." Physical exam reveals diffuse tenderness noted over the lumbar paraspinal musculature, L4 to S1 facet joints. Kemp's test and Farfan test are positive bilateral. Straight leg raise is positive on the left. Motor strength of the right big toe extensor is a 4/5 and deep tendon reflex of the right Achilles is a 1+. "Sensation is decrease in the right L5 dermatomes as to pain, temperature, light touch, vibration and two-point discrimination; otherwise, intact in all other dermatomes." Per 03/26/2014 report by [REDACTED], MRI of the lumbar spine on 03/13/2014 "demonstrates worsening of the previously seen severe degenerative disc disease and desiccation at L5-S1 with a 7-mm posterior disc bulge causing bilateral neuroforaminal narrowing more pronounced on the right with evidence of impingement of the exiting right nerve root." MRI report were not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 10/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/26/2014 to 10/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Right transforaminal ESI at L5-S1 x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** According to the 10/01/2014 report by [REDACTED] this patient presents with "pain in the low back, which he rates on a pain scale at 5 out of 10. "The treater is requesting right transforaminal ESI at L5-S1 x2. The utilization review denial letter states "modified to 1 right transforaminal ESI at L5-S1." Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports do not show any evidence of prior lumbar epidural steroid injections. MRI of L-spine shows that the patient has a 7mm disc bulge at L5-S1 and the patient does present with lower extremity pain with radiating pain in a dermatomal distribution. Given that the patient has not tried an ESI, the injection appears reasonable. However, the treater is requesting injection "two time" without specify the interval between injection. The UR already authorized one injection. MTUS does not support series of injections therefore request is not medically necessary.

**Urine toxicology screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, urine drug testing

**Decision rationale:** According to the 10/01/2014 report by [REDACTED] this patient presents with "pain in the low back, which he rates on a pain scale at 5 out of 10."The treater is requesting right Urine Toxicology Screen. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Tylenol with Codeine #3 (a narcotic-like pain reliever). Review of reports show a recent UDS was done on 08/08/2014. There were no discussions regarding the patient adverse behavior with opiates use. The treater does not explain why another UDS is needed. There is no discussion regarding this patient' opiate use risk therefore request is not medically necessary.